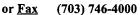
PART B - FEE(S) TRANSMITTAL

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appropriate. All further corn	respondence including the le below or directed otherwise	Patent, advance orders	s and notification	of maintenance fees	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	correspondence address as
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Bingham McCutc Suite 1800 Three Embarcadero San Francisco, CA	Center	SEP 2	1 2005	I hereby certify that States Postal Service addressed to the Mitransmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is beir with sufficient postage for fi ail Stop ISSUE FEE address PTO (703) 746-4000, on the	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
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FC:1501 1400.00 FC:1504 300.00	DA	TRAF		September	16. 2005	(Signature)
FC • 8001 30 00 APPLICATION NO.	FILING DATE	FIRS	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/797,243	03/09/2004		Michael J. Wol	t	3000254 / 703189-4001	2983
TITLE OF INVENTION: HI	IGH SATIETY INDEX BRI	EAD				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FEE	TOTAL FEE(S) DUE	. DATE DUE
nonprovisional	NO	\$1400	<u>L</u> _	\$300	\$1700	09/19/2005
EXAMINER A			NIT CLASS-SUBCLASS			
TRAN LIEN, THUY			1761 426-549000		•	
	<u> </u>) For printing on		liat	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Bingham McCutchen LI			
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee data of this form is NOT a s	will appear on substitute for filin	the patent. If an assignment.	nee is identified below, the d	locument has been filed for
(A) NAME OF ASSIGNEE (I			B) RESIDENCE: (CITY and STATE OR COUNTRY)			
ConAgra Foods, Inc.			Omaha, Nebraska			
Please check the appropriate	assignee category or categor	ries (will not be printed	d on the patent):	Individual 😡 🤇	Corporation or other private gr	oup entity Government
4a. The following fee(s) are e	enclosed: (\$1,400	~ ~ ` ~	yment of Fee(s):			
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Authorized Signature			Date September 16, 2005			
Typed or printed name(Gary D. Luecl	<u> </u>	Registration No. 50,791			
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